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UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

DOROTHEY HEIMBACH, Plaintiff, vs. STANISLAUS COUNTY, JUSTIN CAMARA, and ZA XIONG, Defendants.	2:23-cv-01887-DJC-CSK *Assigned to:* District Judge Daniel J. Calabretta **DECLARATION OF COOPER ALISON-MAYNE IN SUPPORT OF PLAINTIFF'S MOTION IN LIMINE #2 TO EXCLUDE INFORMATION OF ALLEGED DRUG USE BY ANTHONY SILVA** FPTC Date: December 18, 2025 Time: 1:30 PM Location: Courtroom 7

I, Cooper Alison-Mayne, declare as follows:

I am an attorney duly licensed to practice law in the State of California, and the Eastern District of California. I make this declaration in relation to the parties joint report filed concurrently. I have personal knowledge of the facts contained herein and could testify competently thereto if called.

Attached hereto as "**Exhibit A**" is a true and correct copy of relevant portions of Anthony Silva's medical records dated 12/30/22, 12/10/22, and 10/8/22 from Sutter Health, Memorial Medical Center, Modesto.

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct. Executed on December 11, 2025, in Los Angeles, California.

LAW OFFICES OF DALE K. GALIPO

By: *<u>/S/ Cooper Alison-Mayne</u>*
Dale K. Galipo
Cooper Alison-Mayne
Attorneys for Plaintiff

EXHIBIT A

PCP TO FOLLOWUP ON THE FOLLOWING:

Follow-up with these providers

Pcp, No GENERIC
Relationship: PCP - General
Patient Directions: Follow up

CONSULTANTS:

1. Cardiovascular surgery on 01/07/2023

PROCEDURES:

01/02 Bronchoscopy

DESCRIPTION OF PROCEDURE:

The patient was explained the procedure in detail. Risk, benefit, options and alternatives were discussed. Possible complications Including, but not limited to cardiac arrhythmias, bleeding, Pneumothorax requiring chest tube placement and infection were explained to patient. After informed consent, the patient was , identified as Anthony Silva and the procedure verified as Flexible Fiberoptic Bronchoscopy. A Time Out was held and the above information confirmed.

The patient was monitored with pulse, oxygen saturation, blood pressure and respiration throughout the procedure. FiO2 was increased to 100% during procedure and respiration was maintained with ventilator on assist control mode Well-lubricated Fiberoptic bronchoscope was passed into the tracheostomy tube.significant amount of purulent secretions coming from left main stem bronchus noted , also seen in all sub-segments on the left side.

Normal saline lavage was done and specimen was collected in the mucus trap.

The scope was then withdrawn and advanced into the right main bronchus and then into the RUL, RML, and RLL bronchi and segmental bronchi. mild amount of tan secretions suctioned.

ENDOBRONCHIAL FINDINGS: large amount of purulent secretions from left .no tumor seen.

SPECIMEN(S) SENT TO MICROBIOLOGY / PATHOLOGY:

1. Bronchial washings for :
   A. Bacterial culture
   B. Fungal culture

HOSPITAL COURSE:

Patient is a 40 year old male with PMHx significant for schizophrenia, aggressive behavior, drug abuse, quadriplegia following C spine injury in October 2022, vent dependent, had a prolonged recent hospital stay with respiratory failure sp tracheostomy, MRSA pneumonia, recurrent mucus plug requiring multiple bronchoscopy, sp Micra pacer on 11/22 chronically a resident at CVSH since November 2022 presented to the ED on 12/30/2022 after a cardiac arrest related to hypoxia. Patient has a history of multidrug resistant pneumonia including ESBL Klebsiella as well as MRSA pneumonia. Patient admitted to ICU for vent management and close monitoring.

01/02: s/p Bronchoscopy for mucus plugging

01/07: consult to CVS, Dr. Fung, does not recommend further surgical intervention at this time

Patient received Meropenum empirically from 12/30-01/05 then de-escalated to ertapenem until 01/12/23 to complete a total of 14 days of antibiotic therapy for Drug resistant Klebsiella. Patient has a h/o MRSA and received zyvox empirically from 01/01-01/04. Zyvox discontinued on 01/04 as MRSA infection not suspected and patient clinically improving. Patient continue with left arm PICC placed on 12/19/2023 and will need to continue PICC line for IV antibiotic therapy. Continue with Foley for neurogenetic bladder, was last exchanged on 12/30. Patient with tube

HISTORY OF PRESENT ILLNESS:
Anthony Silva is a 40 year old male with PMHx significant for schizophrenia, aggressive behavior, drug abuse, quadriplegia following C spine injury in October 2022, vent dependent, had a prolonged recent hospital stay with respiratory failure sp tracheostomy, MRSA pneumonia, recurrent mucus plug requiring multiple bronchoscopy, sp Micra pacer on 11/22 chronically a resident at CVSH since November 2022 presented to the emergency room after being sent from outside hospital for cardiac arrest.
Patient reportedly developed cardiac arrest post arrest was significantly hypoxic. Cardiac arrest happened about 4:00 p.m. on 12/30/2022 and required 1 round of CPR with epinephrine.
Patient has a history of multidrug resistant pneumonia including ESBL Klebsiella as well as MRSA pneumonia. Patient had been discouraged on chronic ertapenem and vancomycin and had been receiving the same at outside hospital. Intensivist consult was requested for admission post cardiac arrest at outside facility. Seen examined bedside. Alert and awake- trach to vent.

Review of systems
Review of systems was unobtainable due to the following patient factors: Nonverbal, on ventilator

Past medical history: schizophrenia, aggressive behavior, drug abuse, quadriplegia following C spine injury in October 2022, vent dependent, MDR pneumonia

Past surgical history: has a past surgical history that includes Cardiac electrophysiology procedure (N/A, 11/07/2022) and HX BACK SURGERY NOS* (NO BILL) (10/09/2022).

Social history: reports that he has been smoking cigarettes. He does not have any smokeless tobacco history on file. He reports current alcohol use. He reports current drug use. Drug: Marijuana.

Family history: family history is not on file.

Current medications reviewed and reconciled
Home medication reviewed

Physical exam
BP 123/66 | Pulse 90 | Temp (Src) 97 °F (36.1 °C) (Temporal) | Resp 17 | SpO2 97%
Temp (24hrs), Avg:98.9 °F (37.2 °C), Min:97 °F (36.1 °C), Max:100.8 °F (38.2 °C)

No intake or output data in the 24 hours ending 12/30/22 0700

Mechanical Ventilator Settings:
Vent Mode: (S) A/C Volume
FiO2: 75
Tidal Volume: (S) 500
Rate Set: (S) 16
Respiratory Rate Total: 22
PEEP: (S) 5
Pressure Support:
Peak Airway Pressure: 27
Plateau Pressure:

GENERAL: Trach and on vent. No acute distress.
NEURO: Alert and oriented to person place and time. CN III-XII grossly intact. Able to follow commands.

12/30/2022 - ED to Hosp-Admission (Discharged) in Memorial Medical Center ICU West (continued)

Orders (group 5 of 5) (continued)

Patient class: Inpatient Service: ICU

Consults

Consults by Fung, Lit, MD at 1/7/2023 0000

LOCATION: CVMM Modesto
PATIENT NAME: ANTHONY SILVA
MRN: 58629364
ACCOUNT: 1217361415
DOB: 09/14/1982
VISIT START DATE: 12/30/2022
SERVICE DATE: 01/07/2023
AUTHOR: LIT FUNG, MD

CONSULTATION

REASON FOR CONSULTATION:
Loculated left pneumothorax.

The patient is a 40-year-old gentleman, with C-spine injury back in October of last year, resulting in paraplegia, chronic ventilatory dependence, status post tracheostomy tube placement, and severe chronic bilateral pneumonia with multiple drug-resistant bacteria. He was admitted to the hospital a week ago after cardiac arrest at nursing facility. I was asked by intensivist to evaluate the patient to see if patient is a candidate for surgical therapy for his left loculated pneumothorax.

PREVIOUS SURGERIES:
Also included pacemaker placement, back surgery.

FAMILY HISTORY:
Unavailable.

SOCIAL HISTORY:
The patient has history of drug abuse, alcohol abuse and tobacco abuse.

MEDICATIONS:
Prior to admission included:
Antibiotics.
Lamictal.
Nexium.
Metoprolol.
Oxycodone.
Scopolamine patch.
Eliquis.
Klonopin.
Neurontin.
Keppra.

12/10/2022 - ED to Hosp-Admission (Discharged) in Memorial Medical Center ICU West (continued)

ED Provider Note (continued)

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• CARDIAC ELECTROPHYSIOLOGY PROCEDURE *Procedure: Dual chamber leadless pacemaker implantation; Surgeon: Moradkhan, Raman, MD; Location: CVMM INVASIVE CV LAB; Service: Cardiology; Laterality: N/A; Dual Channel*	N/A	11/07/2022
• HX BACK SURGERY NOS* (NO BILL) *C6-C7 ANTERERIOR CERVICAL DISCECTOMY FUSION*		10/09/2022

Family History:

No known pertinent family history

Social History:

EtOH: yes

Drugs: yes, methamphetamines

Physical Exam:

Vital signs reviewed. Nursing note reviewed.

	12/10/22 1345
BP:	144/82
Pulse:	90
Resp:	24
Temp:	
SpO2:	100%

General: Awake
HENT: PERRL, EOMI, **dry mm**
Pulmonary: **coarse lung sounds bilaterally**, **trach on vent, venting okay. Tachypneic.**
Chest: **reproducible chest wall tenderness, no crepitus.**
CV: **tachycardic rate,** regular rhythm, no significant murmur
GI: **Patient grimaces and nods when asked if he has pain and when abdomen is palpated, but abdomen is soft, no significant distention**
MS: no acutely concerning edema, **chronic contractures to x 4 extremities**
Neuro: CN 2-12 grossly intact, **known quadriplegia**
Skin: no acutely concerning rashes
Psych: cooperative

DATA INTERPRETATION:

O2 Saturation:

Time: 1210
O2 sat percent: 98%
O2 amount administered: vent settings
Interpretation: Normal
Intervention: mechanical ventilator
Single Pulse Ox

EKG Interp:

Sutter Health
MEMORIAL MEDICAL CTR
MODESTO
1700 Coffee Road
Modesto CA 95355-2803

10/08/2022 - ED to Hosp-Admission (Discharged) in Memorial Medical Center ICU West (continued)

Discharge Summary (continued)

• Seizures (CMS/HCC) [R56.9]	10/31/2022
• Asystole (CMS/HCC) [I46.9]	10/31/2022
• Paraplegia (CMS/HCC) [G82.20]	10/30/2022
• Acute deep vein thrombosis (DVT) (CMS/HCC) [I82.409]	10/24/2022
• Schizo-affective schizophrenia, chronic condition (CMS/HCC) [F25.9]	
• Closed fracture of cervical vertebra (CMS/HCC) [S12.9XXA]	
• Injury due to physical assault [Y09]	10/09/2022
• Epidural hematoma, C5-C7 [S06.4XAA]	10/09/2022
• Neurogenic shock due to traumatic injury [T79.4XXA]	10/09/2022
• Acute respiratory failure with hypoxia (CMS/HCC) [J96.01]	
• C7 cervical fracture (CMS/HCC) [S12.600A]	10/08/2022
• C6 cervical fracture (CMS/HCC) [S12.500A]	10/08/2022
• Anterolisthesis of cervical spine [M43.12]	10/08/2022
• Spinal cord injury, C5-C7, initial encounter (CMS/HCC) [S14.105A]	10/08/2022

Resolved Hospital Problems

Diagnosis	Date Noted	Date Resolved
• Neck pain [M54.2]		10/23/2022
• Methamphetamine use [F15.10]	10/09/2022	11/06/2022
• Drug intoxication without complication (CMS/HCC) [F19.920]		11/06/2022
• Positive urine drug screen [R82.5]		11/06/2022

DISCHARGE CONDITION: Stable and improved.

DISCHARGE INSTRUCTIONS:
Code Status:Full
Diet:Pivot 1.5 at 55mL/ hour with free water flush 150mL 4 times per day with fiber supplimentation
Pulmonary Care: Continue vent weaning, CPT therapy for mucous as needed
Activity: Continue daily PT/OT/ST, cervical collar when OOB or with activity. Okay for collar to be off in bed
Wound Care:Sacral wound care with enzymatic debrider
Bowel Care: Neurogenic bowel protocol when loose stool normalized
Neurogenic bladder protocol - currently has foley though may transition to straight cath protocol
AFO boot to prevent foot drop (2 hrs on, 2 hrs off)

DISCHARGE MEDICATION:

Medication List

START taking these medications

	Morning	Lunch	Evening	Bedtime
acetaminophen 160mg/5mL Oral Soln Commonly known as: TYLENOL Take 20.4 mL via PEG tube every 6 hours				
alteplase 2mg Inj Commonly known as: CATHFLO ACTIVASE, TPA two mg by Intracatheter route as directed				

10/08/2022 - ED to Hosp-Admission (Discharged) in Memorial Medical Center ICU West (continued)

Consults (continued)

Patient presents with:
Medex: Sent in for resisting arrest. Riverbank PD. Possibly ETOH vs Street drugs

HISTORY OF PRESENT ILLNESS:
Anthony Silva is an 40 year old male who presents as a request for consultation from Dr. Al bacil for occasional Long pauses.patient admitted on 10/8/2022 s/p altercation with PD. Pt was reportedly involved in an altercation with Riverbank PD after resisting arrest. Brought to MMC where pt reported LE paralysis. Was found to have Spinal cord injury, C5-C7, Cervical fracture, C6-C7, Bilateral C7 TP fractures,Epidural hematoma C5-C7, Neurogenic shock due to traumatic injury.
The pt has been noted to have occasional profound bradycardia and long asystole pauses up to 28 seconds requiring brief CPR and atropine..

REVIEW OF SYSTEMS
GENERAL: Unobtainable. Pt is intubated.

Patient Active Problem List:
C7 cervical fracture (CMS/HCC)
C6 cervical fracture (CMS/HCC)
Anterolisthesis of cervical spine
Spinal cord injury, C5-C7, initial encounter (CMS/HCC)
Drug intoxication without complication (CMS/HCC)
Acute respiratory failure with hypoxia (CMS/HCC)
Positive urine drug screen
Methamphetamine use
Injury due to physical assault
Epidural hematoma, C5-C7
Neurogenic shock due to traumatic injury
Closed fracture of cervical vertebra (CMS/HCC)
Schizo-affective schizophrenia, chronic condition (CMS/HCC)
Acute deep vein thrombosis (DVT) (CMS/HCC)

Current Facility-Administered Medications

Medication
• [START ON 10/29/2022] *Vancomycin Level Draw
• LORazepam (ATIVAN) Inj 2 mg
• oxyCODONE (OXYFAST) 20mg/mL Oral Conc 10 mg
• lansoprazole ODT (PREVACID) Solutab 30 mg
• mupirocin (BACTROBAN) 2% Ointment
• vancomycin 1,250mg in 0.9% NaCl 250mL IVPB (vial-mate)
• levETIRAcetam (KEPPRA) Tab 500 mg
• *vancomycin Pharmacy Dosing Order